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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#29

Inventor : W. Roy KNOWLES, M.D.  
Serial No. : 09/619,412 09/619142  
Filing Date : 19 July 2000  
Title : Hair Loss Prevention  
Group Art : 1598  
Examiner : Vickie KIM

Commissioner of Patents and Trademarks  
Office of Petitions  
Washington, DC 20231  
Facsimile (703) 308-6916  
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PETITIONS OFFICE

PETITION

Applicants respectfully requests that the Appeal in this case be reinstated and the case forwarded to the Board of Patent Appeals & Interferences.

I. STATEMENT OF FACTS

1. The Examiner in this case is refusing to allow her actions to be reviewed by the Board of Patent Appeals and Interferences. The Office now has the opportunity to have the Examiner's actions reviewed inside the Patent & Trademark Office, by the Board, rather than outside the Office.

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Serial No. 09/619,412

PETITION (30-Mar-03)

2. This application has been the subject of *five* Office Actions. None raise any valid basis to denying the claims. The Examiner concedes this, but refuses - repeatedly - to allow the Board the opportunity to review her actions.

3. When this application was filed, it was accompanied by an INFORMATION DISCLOSURE STATEMENT and a PETITION TO MAKE SPECIAL making various references of record. The first OFFICE ACTION conceded the claims were patentable over most of these (perhaps two dozen) references (*e.g.*, Rajadhyaksha). The OFFICE ACTION, however, rejected the claims over certain of them (*e.g.*, Bazzano, Orentreich). In response, Applicant filed a REPLY together with a RULE 131 DECLARATION and a RULE 132 DECLARATION.

4. The Examiner approved and entered the DECLARATIONS, and conceded the rejections raised in the first OFFICE ACTION were baseless. The Examiner, however, then rejected the claims relying on a reference (Rajadhyaksha) which the Examiner (in the first OFFICE ACTION) had already conceded does not enable the claims.

5. Applicant thus filed an Appeal. The APPEAL BRIEF Section I was titled, "Formalities." The Examiner refused to enter the APPEAL BRIEF. The Examiner said that while 37 C.F.R. 1.192 allows use of any "appropriate" heading, the Examiner requires headings which recite the Examiner's preferred phrasing verbatim. This obstructionism is not permitted by statute nor Rule; it was intended solely to delay or prevent review of the Examiner's work by the Board. Nonetheless, in a spirit of cooperation, Applicant changed the headings. The Examiner then entered the APPEAL BRIEF and held a conference with the PTO's Mr. Robert Hill, who advised the Examiner that her rejections were baseless.

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6. The Examiner accordingly refused to file any REPLY BRIEF, nor forward the case to the Board. Instead, over Applicant's objection, the Examiner reopened prosecution. Her third OFFICE ACTION - surprisingly - rejected the claims on references already of record, already reviewed by her, and already conceded by her to be inapposite. Troublingly, the Examiner also said that the DECLARATIONS the Office had previously approved of and entered into the case were now considered defective. This is troubling, because the Office lacks legal authority to reject and remove from the record a DECLARATION the Office has already approved of and entered into the record.

7. Nonetheless, Applicant filed an AMENDMENT.

8. The Examiner approved of and entered the AMENDMENT. Predictably, however, the claims were again rejected. Curiously, the fourth OFFICE ACTION relied on references already of record in the prior three OFFICE ACTIONS, and conceded by the Examiner to be inapposite.

9. Applicant thus (again) filed a NOTICE OF APPEAL and APPEAL BRIEF.

10. The Examiner refuses to file a REPLY BRIEF. This is not problematic; the M.P.E.P. does not require a REPLY BRIEF to be filed; where the Examiner refuses or declines to file one, the appeal is reviewed unopposed.

11. Very troubling, however, is the Examiner's disregard for M.P.E.P. deadlines. The M.P.E.P. requires the Examiner to act on the appeal within two months. Here, the Examiner sat on the file for *an entire year*, doing nothing at all, refusing to even forward the case to the Board.

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12. Now, the Examiner seeks to reopen prosecution again. She has issued a fifth OFFICE ACTION. It is as baseless as the previous four. It rejects the claims over references (e.g., Gibson, Bazzano, Orentreich, Grollier) and for reasons the previous four OFFICE ACTIONS *have already conceded* do not bar the claims.

5 13. More troublingly, the Examiner is again attempting to alter the P.T.O. record; she is trying to remove from the record the AMENDMENT the Office previously approved of and entered.

14. The Examiner is without legal authority to remove from the record an already-entered AMENDMENT, nor otherwise alter nor manipulate Office records.

10 15. The Examiner refuses to allow the Board to review her actions. This is understandable, as her work is arguably harassing, even vindictive. Nonetheless, the Office may prefer the Examiner's actions be reviewed internally, by the Board, rather than elsewhere.

15 II. POINT TO BE REVIEWED

16. Whether the Appeal may be reinstated and the APPEAL BRIEF forwarded to the Board for immediate review?

III. ACTION REQUESTED

20 14. Applicants respectfully requests that:

- A. the Examiner be prohibited from altering the existing prosecution file, and specifically be prohibited from attempting to remove from the record nor contest

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the validity of any AMENDMENT, DECLARATION or other submission previously  
accepted by the Office and entered into the file;

B. the Appeal be reinstated and the APPEAL BRIEF be forwarded immediately to the  
Board of Patent Appeals and Interferences for review;


C. the Board be reminded that any ground for rejection which has already been raised  
by the Examiner and not maintained by the Examiner on appeal, operates as a  
concession by the Office that such ground is unfounded (*i.e.*, the Board is estopped  
from re-litigating these issues); and

D. the Board be instructed that its decision on the Appeal must be rendered within  
sixty calendar days after the filing date of this Petition.

#### IV. ENCLOSURES

17. I enclose a FEE TRANSMITTAL FORM together with the required petition fee.

Respectfully submitted,

  
Mark Pohl, Esq., Reg. No. 35,325  
Pharmaceutical Patent Attorneys LLC  
55 Madison Avenue, 4th floor  
Attn: Mark POHL (P4014)  
Morristown, NJ 07960-7397  
(973) 984-0076  
Mark.Pohl@LicensingLaw.Net

30 March 2003

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MAR 29 2003

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. UMS 1003 1-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|  |                        |                      |
|--|------------------------|----------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 09/619,412 09/619142 |
|  | Filing Date            | 19 July 2000         |
|  | First Named Inventor   | W. Roy KNOWLES, M.D. |
|  | Group Art Unit         | 1598                 |
|  | Examiner Name          | Vickie KIM           |
| Total Number of Pages in This Submission   | Attorney Docket Number | KnowlTech            |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input checked="" type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks<br>These papers are being submitted by facsimile with a confirmation copy by First Class Mail.  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Pharmaceutical Patent Attorneys, LLC<br>Pohl & Assoc. |
| Signature                                  | <i>J. M. Pohl</i>                                     |
| Date                                       | See below date  |

| CERTIFICATE OF MAILING   |                           |
|--|---------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>see below date</u> |                           |
| Typed or printed name  | Mark POHL, Reg. No. 35325 |
| Signature  | <i>J. M. Pohl</i>         |
| Date   | 30 March 03               |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/97 (08-00)

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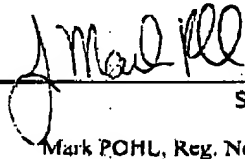
on 30 March 03

Date

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Signature

Mark POHL, Reg. No. 35,325

Typed or printed name of person signing Certificate

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Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark  
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,  
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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 130.00**Complete if Known**

|                      |                      |
|----------------------|----------------------|
| Application Number   | 09/619,142           |
| Filing Date          | 19 July 2000         |
| First Named Inventor | W. Roy KNOWLES, M.D. |
| Examiner Name        | Vickie KIM           |
| Group Art Unit       | 1598                 |
| Attorney Docket No.  | KnowlTech Inc.       |

| METHOD OF PAYMENT  |                            | FEE CALCULATION (continued)  |                            |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
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| <b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <input type="text"/><br>Deposit Account Name <input type="text"/><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                            | <b>3. ADDITIONAL FEES</b><br><div style="text-align: right; font-weight: bold;">MAR 29 2003</div> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity (\$)</th> <th>Small Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or utility</td> <td>0.00</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>0.00</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>0.00</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td>0.00</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>0.00</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>0.00</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td>0.00</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td>0.00</td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td>0.00</td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td>0.00</td> </tr> <tr> <td>128</td> <td>1,980</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td>0.00</td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td>0.00</td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td>0.00</td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td>0.00</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>0.00</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>0.00</td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td>0.00</td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td>0.00</td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td>0.00</td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td>0.00</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>130.00</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(e)</td> <td>0.00</td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td>0.00</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (lines number of properties)</td> <td>0.00</td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td>0.00</td> </tr> <tr> <td>149</td> <td>140</td> <td>249</td> <td>70</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td>0.00</td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td>0.00</td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td>0.00</td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td>0.00</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1) (\$)</b> 0.00</td> <td></td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES</b><br/>           Total Claims <input type="text"/> 0<br/>           Independent Claims <input type="text"/> 6<br/>           Multiple Dependent <input type="text"/><br/>           Extra Claims Fee from below Fee Paid<br/>           -20** = <input type="text"/> 0 x <input type="text"/> 9.00 = <input type="text"/> 0.00<br/>           -3** = <input type="text"/> 3 x <input type="text"/> 42.00 = <input type="text"/> 0.00<br/>           Multiple Dependent <input type="text"/> = <input type="text"/> 0.00         </td> <td colspan="2"> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>0.00</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td>0.00</td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\$)</b> 0.00</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="2"> <b>1. 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| Fee Code   | Large Entity (\$)          | Small Entity (\$)  | Fee Description            | Fee Paid   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 105  | 130                        | 205  | 65                         | Surcharge - late filing fee or utility                                     | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 127  | 50                         | 227  | 25                         | Surcharge - late provisional filing fee or cover sheet                     | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 139  | 130                        | 139  | 130                        | Non-English specification  | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 147  | 2,520                      | 147  | 2,520                      | For filing a request for ex parte reexamination                            | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 112  | 920*                       | 112  | 920*                       | Requesting publication of SIR prior to Examiner action                     | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 113  | 1,840*                     | 113  | 1,840*                     | Requesting publication of SIR after Examiner action                        | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 115  | 110                        | 215  | 55                         | Extension for reply within first month                                     | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 116  | 400                        | 216  | 200                        | Extension for reply within second month                                    | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 117  | 920                        | 217  | 460                        | Extension for reply within third month                                     | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 118  | 1,440                      | 218  | 720                        | Extension for reply within fourth month                                    | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 128  | 1,980                      | 228  | 980                        | Extension for reply within fifth month                                     | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 119  | 320                        | 219  | 160                        | Notice of Appeal   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 120  | 320                        | 220  | 160                        | Filing a brief in support of an appeal                                     | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 121  | 280                        | 221  | 140                        | Request for oral hearing   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 138  | 1,510                      | 138  | 1,510                      | Petition to institute a public use proceeding                              | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 140  | 110                        | 240  | 55                         | Petition to revive - unavoidable   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 141  | 1,280                      | 241  | 640                        | Petition to revive - unintentional   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 142  | 1,280                      | 242  | 640                        | Utility issue fee (or reissue)   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 143  | 460                        | 243  | 230                        | Design issue fee   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 144  | 620                        | 244  | 310                        | Plant issue fee  | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 122  | 130                        | 122  | 130                        | Petitions to the Commissioner  | 130.00                     |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 123  | 50                         | 123  | 50                         | Processing fee under 37 CFR 1.17(e)  | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 126  | 180                        | 126  | 180                        | Submission of Information Disclosure Stmt                                  | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 581  | 40                         | 581  | 40                         | Recording each patent assignment per property (lines number of properties) | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 146  | 740                        | 246  | 370                        | Filing a submission after final rejection (37 CFR § 1.129(a))              | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 149  | 140                        | 249  | 70                         | For each additional invention to be examined (37 CFR § 1.129(b))           | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 179  | 740                        | 279  | 370                        | Request for Continued Examination (RCE)                                    | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 169  | 900                        | 169  | 900                        | Request for expedited examination of a design application                  | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| Other fee (specify) _____  |                            |  |                            | 0.00   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| <b>SUBTOTAL (1) (\$)</b> 0.00  |                            |  |                            |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| <b>2. EXTRA CLAIM FEES</b><br>Total Claims <input type="text"/> 0<br>Independent Claims <input type="text"/> 6<br>Multiple Dependent <input type="text"/><br>Extra Claims Fee from below Fee Paid<br>-20** = <input type="text"/> 0 x <input type="text"/> 9.00 = <input type="text"/> 0.00<br>-3** = <input type="text"/> 3 x <input type="text"/> 42.00 = <input type="text"/> 0.00<br>Multiple Dependent <input type="text"/> = <input type="text"/> 0.00   |                            | <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>0.00</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td>0.00</td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\$)</b> 0.00</td> </tr> </tbody> </table>   |                            | Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description   | Fee Paid        | 101      | 740 | 201                | 370  | Utility filing fee | 0.00                                   | 106  | 330 | 206               | 165  | Design filing fee | 0.00   | 107  | 510 | 207              | 255 | Plant filing fee |                           | 108  | 740 | 208                | 370 | Reissue filing fee |   | 114  | 160 | 214                    | 80  | Provisional filing fee        |  | <b>SUBTOTAL (2) (\$)</b> 0.00 |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 101  | 740                        | 201  | 370                        | Utility filing fee   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 106  | 330                        | 206  | 165                        | Design filing fee  | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 107  | 510                        | 207  | 255                        | Plant filing fee   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 108  | 740                        | 208  | 370                        | Reissue filing fee   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 114  | 160                        | 214  | 80                         | Provisional filing fee   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| <b>SUBTOTAL (2) (\$)</b> 0.00  |                            |  |                            |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>0.00</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td>0.00</td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1) (\$)</b> 0.00</td> </tr> </tbody> </table> |                            | Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   | 101               | 740             | 201      | 370 | Utility filing fee | 0.00 | 106                | 330                                    | 206  | 165 | Design filing fee | 0.00 | 107               | 510  | 207  | 255 | Plant filing fee |     | 108              | 740                       | 208  | 370 | Reissue filing fee |     | 114                | 160   | 214  | 80  | Provisional filing fee |     | <b>SUBTOTAL (1) (\$)</b> 0.00 |  |                               |     | <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\$)</b> 0.00</td> </tr> </tbody> </table> |     | Large Entity Fee Code (\$) | Small Entity Fee Code (\$)                          | Fee Description | Fee Paid | 103 | 18  | 203 | 9                                      | Claims in excess of 20 |     | 102 | 84  | 202 | 42                                      | Independent claims in excess of 3 |     | 104 | 280 | 204 | 140                                    | Multiple dependent claim, if not paid |     | 109   | 84  | 209 | 42                                      | ** Reissue independent claims over original patent |     | 110   | 18  | 210 | 9                                      | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2) (\$)</b> 0.00 |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 101  | 740                        | 201  | 370                        | Utility filing fee   | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 106  | 330                        | 206  | 165                        | Design filing fee  | 0.00                       |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 107  | 510                        | 207  | 255                        | Plant filing fee   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 108  | 740                        | 208  | 370                        | Reissue filing fee   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 114  | 160                        | 214  | 80                         | Provisional filing fee   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| <b>SUBTOTAL (1) (\$)</b> 0.00  |                            |  |                            |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 103  | 18                         | 203  | 9                          | Claims in excess of 20   |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 102  | 84                         | 202  | 42                         | Independent claims in excess of 3  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 104  | 280                        | 204  | 140                        | Multiple dependent claim, if not paid                                      |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 109  | 84                         | 209  | 42                         | ** Reissue independent claims over original patent                         |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| 110  | 18                         | 210  | 9                          | ** Reissue claims in excess of 20 and over original patent                 |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| <b>SUBTOTAL (2) (\$)</b> 0.00  |                            |  |                            |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |
| <b>2. EXTRA CLAIM FEES</b><br>Total Claims <input type="text"/> 0<br>Independent Claims <input type="text"/> 6<br>Multiple Dependent <input type="text"/><br>Extra Claims Fee from below Fee Paid<br>-20** = <input type="text"/> 0 x <input type="text"/> 9.00 = <input type="text"/> 0.00<br>-3** = <input type="text"/> 3 x <input type="text"/> 42.00 = <input type="text"/> 0.00<br>Multiple Dependent <input type="text"/> = <input type="text"/> 0.00   |                            | <b>SUBTOTAL (3) (\$)</b> 130.00  |                            |  |                            |                   |                 |          |     |                    |      |                    |  |      |     |                   |      |                   |  |      |     |                  |     |                  |                           |      |     |                    |     |                    |   |      |     |                        |     |                               |  |                               |     |  |     |                            |   |                 |          |     |     |     |  |                        |     |     |     |     |   |                                   |     |     |     |     |  |                                       |     |       |     |     |   |  |     |       |     |     |  |  |     |                               |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |        |     |    |     |    |                                     |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |   |      |                           |  |  |  |      |                               |  |  |  |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |     |     |     |                    |      |     |     |     |     |                   |      |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                               |  |  |  |  |  |                            |                            |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                               |  |  |  |  |  |                                 |  |

\*\*or number previously paid, if greater. For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)** 130.00

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|-------------------|-----------------|-----------------------------------|----------------|
| Name (Print/Type) | Mark POHL, Esq. | Registration No. (Attorney/Agent) | 35,325         |
| Signature         |                 | Telephone                         | (973) 984-0076 |
|                   |                 | Date                              | 30 March 03    |

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